NEV ORCAVIZATION
Name (print)

GROWTH
Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

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		To Line 3 of Contributions Summary		
CONTRIBUTIOR'S (NAME AND ADDRESS	MONTH COSTINACION (CONTINUADO)	I AMOUNT OF EXAM! CONTRIBUTION	िभा व ल्या भीवस	
WM. S. HAMMA RO BOX 1300/ RENO NY 89507	5/15/03	*350	V	
				
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NEVADA ORGANIZATION OF GROWTH OPPONENTS
ame (print)

Office (if applicable) Name (print)

District (if applicable)

Expense Categories

CATECORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	
** Goods and services provided in kind for which money would otherwise have been paid	
Other miscellaneous expenses	
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

ORGANIZATION NEVADA Name (print) OF OROWTH OPPONENTS

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO REGINED THE EXPENSE(S)	MESENSONS SEEN (SEES) (SEES) (SEES)	EXAMENTED (DE EXAM)	ANTOUNT OF
P.O. BOX 887 5PARKS NV 89492	D	\$/15/03	8 350. —